02/14/2008 10:47

Image# 28990466135

### FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

| FORW 3X  | For Oth  | ner Than An                             | Authorize            | d Commit                        | tee             |                | Office Use Onl         | <b>y</b>           |
|--|--|---|----------------------|---------------------------------|-----------------|----------------|------------------------|--------------------|
| 1. NAME OF COMMITTEE (in full)   |  | C MAILING LAE<br>E OR PRINT ₩           |                      | ample:If typing<br>er the lines | g, type         | • • •          |                        |                    |
| American Dietetic Asso   | ociation Political   | Action Committe                         | ee<br>               |                                 |                 |                |                        |                    |
|  |  |   |                      |                                 |                 |                |                        |                    |
| ADDRESS (number and street   | et) 1120   | Connecticut Ave                         | e. NW, Suite 4       | ł8<br>                          |                 |                |                        |                    |
| Check if different than previously reported. (ACC)   | Wash   | nington                                 |                      |                                 |                 | DC             | 20036                  | <u></u>            |
| 2. <b>FEC IDENTIFICATION</b>   | INUMBER  | <b>—</b>                                | CITY 🛋               |                                 | ;               | STATEA         | ZIPC                   | ODE A              |
| C00143560  |  |   | 3. IS THIS<br>REPORT |                                 | NEW (N) OR      |                | MENDED<br>A)           |                    |
| 4. TYPE OF REPORT (Choose One)  (a) Quarterly Reports:  April 15 Quarterly Rep  July 15 Quarterly Rep  October 15 Quarterly Rep  January 31 Quarterly Rep  July 31 Mid-Y Report(Non-e Year Only) (N  Termination F (TER) | port(Q1) (in port(Q2) port(Q3) port(YE) (fear election MY) | d) 30-Day  Post -Elect Report for t     | Election on          | )                               | (12C)           | Se             | (12G)<br>in th<br>Stat | e of Special (30S) |
| 5. Covering Period   |  | 200                                     |                      | through                         | 0 1             | 3 1            | 2008                   |                    |
| I certify that I have examined<br>Type or Print Name of Treas  |  | d to the best of r<br>stephanie Patrick | -                    | and belief it is                | s true, correct | and complete   | 9.                     |                    |
| olginatoro or rivocotro.   | lectronically File   |   | nanie Patrick        | uhingt the new                  |                 | pate 0.2       |                        | 2008               |
| NOTE : Submission of false   | e, erroneous, or   | incomplete infor                        | mation may si        | apject the pers                 | son signing thi | s Report to th | FEC FO                 |                    |
| Use  |  | 1                                       |                      |                                 |                 |                |                        | ON ON              |

FE6AN026

FEC Form 3X (Rev. 02/2003)

### **SUMMARY PAGE**

OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name American Dietetic Association Political Action Committee D D " D 0 1 0 1 2008 0 1 3 1 2008 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 2008 25677.54 January 1 (b) Cash on Hand at 25677.54 Begining of Reporting Period ..... 15668.66 15668.66 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 41346.20 41346.20 6(a) and 6(c) for Column B) ..... 17273.40 17273.40 Total Disbursements (from Line 31) ..... Cash on Hand at Close of Reporting Period 24072.80 24072.80 (subtract Line 7 from Line 6(d)) ..... 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... This Committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact: Federal Election Commission 999 E street, NW Washington, DC 20463 Toll Free 800-424-9530

Local 202-694-1100

## DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) Page 3

Write or Type Committee Name

American Dietetic Association Political Action Committee

| I. Receipts  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| Contributions (other than loans) From:                     |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees    |                               | 0750 00                           |
| (i) Itemized (use Schedule A)                              | 3750.00                       | 3750.00                           |
| (ii) Unitemized  | 11918.66                      | 11918.66                          |
| (iii) TOTAL (add   | 15668.66                      | 15668.66                          |
| Lines 11(a)(i) and (ii)                                    | 13008.00                      | 13000.00                          |
| (b) Political Party Committees                             | 0.00                          | 0.00                              |
| (c) Other Political Committees                             | 0.00                          | 0.00                              |
| (such as PACs)(d) Total Contributions (add Lines           |                               |                                   |
| 11(a)(iii),(b) and (c)) (Carry                             | 15668.66                      | 15668.66                          |
| Totals to Line 33, page 5)                                 |                               |                                   |
| . Transfers From Affiliated/Other                          | 0.00                          | 0.00                              |
| Party Committees   |                               |                                   |
| . All Loans Received                                       | 0.00                          | 0.00                              |
| Loan Repayments Received                                   | 0.00                          | 0.00                              |
| Offsets To Operating Expenditures                          |                               |                                   |
| (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) | 0.00                          | 0.00                              |
| Refunds of Contributions Made                              |                               |                                   |
| to Federal candidates and Other Political Committees       | 0.00                          | 0.00                              |
| Other Federal Receipts                                     |                               |                                   |
| (Dividends, Interest, etc.)                                | 0.00                          | 0.00                              |
| . Transfers from Non-Federal and Levin Funds               |                               |                                   |
| (a) Non-Federal Account                                    | 0.00                          | 0.00                              |
| (from Schedule H3)   | 0.00                          | 0.00                              |
| (b) Levin Funds (from Schedule H5)                         | 0.00                          | 0.00                              |
|  | 0.00                          | 0.00                              |
| (c) Total Transfer (add 18(a) and 18(b)).                  | 0.00                          | 3.00                              |
| Total Receipts (add Lines 11(d),                           | 15000.00                      | 15668.66                          |
| 12, 13, 14, 15, 16, 17, and 18(c))                         | 15668.66                      | 13000.00                          |
| Total Federal Receipts                                     | 45000.00                      | 45000.00                          |
| (subtract Line 18(c) from Line 19)                         | 15668.66                      | 15668.66                          |

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Expenditures.....

Committees.....

**II. DISBURSEMENTS** 

(a) Shared Federal/Non-Federal Activity (from Schedule H4)

(b) Other Federal Operating

22. Transfers to Affiliated/Other Party

Contributions to

24. Independent Expenditure

27. Loans Made..... 28. Refunds of Contributions To:

23.

(c) Total Operating Expenditures

26. Loan Repayments Made.....

Individuals/Persons Other

(b) Political Party Committees (c) Other Political Committees

(d) Total Contribution Refunds

29. Other Disbursements.....

(a) Shared Federal Election Activity (from Schedule H6)

(i) Federal Share .....

(ii) "Levin" Share ..... (b) Federal Election Activity Paid Entirely

With Federal Funds ..... (c) Total Federal Election Activity (add

23, 24, 25, 26, 27, 28(d), 29 and 30(c))..

(subtract Line 21(a)(ii) and Line 30(a)(ii)

32. Total Federal Disbursements

from Line 31).....

Lines 30(a)(i), 30(a)(ii) and 30(b))....

Than Political Committees .....

(such as PACs) .....

21. Operating Expenditures:

Page 4 **COLUMN A COLUMN B Total This Period** Calendar Year-to-Date 0.00 0.00 (i) Federal Share..... 0.00 0.00 (ii) Non-Federal Share..... 10248.40 10248.40 10248.40 10248.40 (add 21(a)(i), (a)(ii) and (b))............ 0.00 0.00 Federal Candidates/Committees.....and Other Political Committees..... 7000.00 7000.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 25.00 25.00 0.00 0.00 0.00 0.00 25.00 25.00 (add Lines 28(a), (b), and (c)) ......... 0.00 0.00 30. Federal Election Activity (2 U.S.C 431(20)) 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 31. Total Disbursements (add Lines 21(c), 22, 17273.40 17273.40

17273.40

17273.40

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

|     | III. Net Contributions/Operating Expenditures                           |          |          |  |  |  |  |
|-----|---|----------|----------|--|--|--|--|
| 33. | Total Contributions (other than loans) from Line 11(d), page 3)         | 15668.66 | 15668.66 |  |  |  |  |
| 34. | Total Contribution Refunds<br>(from Line 28(d))                         | 25.00    | 25.00    |  |  |  |  |
| 35. | Net Contributions (other than loans) (subtract Line 34 from Line 33)    | 15643.66 | 15643.66 |  |  |  |  |
| 36. | Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 10248.40 | 10248.40 |  |  |  |  |
| 37. | Offsets to Operating Expenditures (from Line 15, page 3)                | 0.00     | 0.00     |  |  |  |  |
| 38. | Net Operating Expenditures (subtract Line 37 from Line 36)              | 10248.40 | 10248.40 |  |  |  |  |

FE6AN026

# SCHEDULE A (FEC Form 3X)

|    | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS   |                                | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 6 / 12 (check only one)    X  |
|----|---|--------------------------------|---|---|
| Ai | ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | Statements ma<br>e name and ad | y not be sold or used by any persidress of any political committee to   | on for the purpose of soliciting contributions o solicit contributions from such committee. |
|    | American Dietetic Association Politica  | al Action Con                  | nmittee   |   |
|    | Full Name (Last, First, Middle Initial) Susan E Brady   |                                |   | Date of Receipt   |
|    | Mailing Address 2231 Paddock Cir  |                                |   | 01 24 2008  |
|    | City<br>Dunedin   | State<br>FL                    | Zip Code  | Transaction ID: 80128.C88313  |
|    | FEC ID number of contributing federal political committee.  | C                              | 34698-2428  | Amount of Each Receipt this Period 400.00   |
|    | Name of Employer<br>School Link Technology  | Occupatio                      | n<br>Executive  | Receipt   |
|    | Receipt For: Primary General Other (specify)  |                                | e Year-to-Date ▼ 400.00   |   |
|    | Full Name (Last, First, Middle Initial) Carolyn Breeding  |                                |   | Date of Receipt   |
|    | Mailing Address 229 Churchill Dr  |                                |   | 0 1 2 4 2 0 0 8   |
|    | City  | State                          | Zip Code  | Transaction ID: 80128.C88236  |
|    | Richmond  | KY                             | 40475-3295  | Amount of Each Receipt this Period  |
|    | FEC ID number of contributing federal political committee.  | C                              |   | 650.00  |
|    | Name of Employer<br>Dietary Consultants, Inc.   | Occupation Presiden            |   | Receipt   |
|    | Receipt For:  | Aggregate                      | e Year-to-Date ▼  |   |
|    | Primary General Other (specify) ▼   |                                | 650.00  |   |
|    | Full Name (Last, First, Middle Initial)<br>Patricia A Mcknight  |                                |   | Date of Receipt   |
|    | Mailing Address 322 Naiche Ct   |                                |   | 0 1 2 4 2 0 0 8   |
|    | City  | State                          | Zip Code  | Transaction ID: 80128.C88330  |
|    | Columbus  | ОН                             | 43213-3507  | Amount of Each Receipt this Period  |
|    | FEC ID number of contributing federal political committee.  | C                              |   | 300.00  |
|    | Name of Employer Mt. Carmel College of Nur- sing  | Occupatio<br>Adjunct I         | Faculty   | Receipt   |
|    | Receipt For:  Primary General  Other (specify) ▼  | Aggregate                      | e Year-to-Date ▼<br>300.00  |   |
|    | SUBTOTAL of Receipts This Page (optional)   | 1                              |   | 1350.00   |

| or i   | y information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Dietetic Association Politic Full Name (Last, First, Middle Initial) Jessie M Pavlinac Mailing Address 13147 Century Dr | ne name and add       | dress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
|--------|---|-----------------------|-------------------------------------|---|
|        | Full Name (Last, First, Middle Initial)<br>Jessie M Pavlinac  | al Action Con         | nmittee                             |   |
|        | Jessie M Pavlinac   |                       |                                     |   |
|        | Mailing Address 1314/ Century Dr  |                       |                                     | Date of Receipt   |
|        |   |                       |                                     | 01 24 2008  |
|        | City  | State                 | Zip Code                            | Transaction ID: 80128.C88346  |
|        | Oregon City   | OR                    | 97045-6700                          | Amount of Each Receipt this Period  |
|        | FEC ID number of contributing federal political committee.  | C                     |                                     | 500.00  |
|        | Name of Employer<br>N/A @ PRESENT   | Occupation Clinical N | n<br>Nutrition Manager              | Receipt   |
|        | Receipt For:  | <del>- ' '</del>      | e Year-to-Date ▼                    |   |
|        | Primary General Other (specify) ▼   | 0 0                   | 500.00                              |   |
| <br>3. | Full Name (Last, First, Middle Initial)<br>Gayle B Smith  |                       |                                     | Date of Receipt   |
|        | Mailing Address 1425 W Lake Mary B  | Blvd                  |                                     | 01 02 2008  |
|        | City  | State                 | Zip Code                            | Transaction ID: 80117.C88066  |
|        | Lake Mary   | FL                    | 32746-3319                          | Amount of Each Receipt this Period  |
|        | FEC ID number of contributing federal political committee.  | С                     |                                     | 200.00  Receipt   |
|        | Name of Employer<br>ORH   | Occupation RD         | n                                   | Πεσειρι   |
|        | Receipt For:  | Aggregate             | e Year-to-Date ▼                    |   |
|        | Primary General Other (specify) ▼   |                       | 200.00                              | ]   |
| <br>;. | Full Name (Last, First, Middle Initial)<br>Ronald Smith   |                       |                                     | Date of Receipt   |
|        | Mailing Address 1120 Connecticut Av<br>#480   | e NW                  |                                     | M M / D D / Y Y Y Y Y Y Y Y Y Y Z 0 0 8   |
|        | City  | State                 | Zip Code                            | Transaction ID: 80128.C88297  |
|        | Washington F50 ID and the contribution  | DC                    | 20036-3902                          | Amount of Each Receipt this Period  |
|        | FEC ID number of contributing federal political committee.  | C                     |                                     | 500.00  Receipt   |
|        | Name of Employer<br>ADA   | Occupation Dir. of G  | n<br>overnment Relations            | ι ισυσιμι   |
|        | Receipt For:  | Aggregate             | e Year-to-Date ▼                    | _   |
|        | Primary General Other (specify) ▼   |                       | 500.00                              |   |
| S      | JBTOTAL of Receipts This Page (optional)  |                       |                                     | 1200.00   |

# SCHEDULE A (FEC Form 3X)

| SCHEDULE A (FEC FOI<br>ITEMIZED RECEIPTS  | rm 3X)                              | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 8 / 12 (check only one)    X   11a   |
|---|-------------------------------------|---|--|
| Any information copied from such Re or for commercial purposes, other th.  NAME OF COMMITTEE (In Full)  American Dietetic Association   | an using the name and ad            | dress of any political committee to                                     | son for the purpose of soliciting contributions o solicit contributions from such committee.                             |
| Full Name (Last, First, Middle Init Sherron J Snead  Mailing Address 3006 Gabrie  City  Georgetown  FEC ID number of contributing federal political committee.  Name of Employer SELF-EMPLOYED  Receipt For:  Primary  General  Other (specify) | State TX C Occupation               | Zip Code<br>78628-2710  on  e Year-to-Date ▼  100.00                    | Date of Receipt  M M M O D D O 2 2008  Transaction ID: 80117.C88044  Amount of Each Receipt this Period  100.00  Receipt |
| Full Name (Last, First, Middle Init Sherron J Snead  Mailing Address 3006 Gabrie  City  Georgetown  FEC ID number of contributing federal political committee.  Name of Employer SELF-EMPLOYED  Receipt For:  Primary General Other (specify)   | State TX C Occupation               | Zip Code<br>78628-2710  | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| Full Name (Last, First, Middle Init Sherron J Snead  Mailing Address 3006 Gabrie  City  Georgetown  FEC ID number of contributing federal political committee.  Name of Employer SELF-EMPLOYED  Receipt For:  Primary General Other (specify)   | View Dr  State TX  C  Occupation RD | Zip Code<br>78628-2710  | Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y   |
| SUBTOTAL of Receipts This Page  | (optional)                          |   | 200.00   |

| S         | CHEDULE A (FEC Form 3X)  |                |   | FOR LINE NUMBER: PAGE 9 / 12   |  |  |  |  |  |  |  |  |  |
|-----------|--|----------------|---|--|--|--|--|--|--|--|--|--|--|
|           | EMIZED RECEIPTS  |                | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | (check only one)       X     11a     11b     11c     12       13     14     15     16     17 |  |  |  |  |  |  |  |  |  |
| Ar<br>or  | ny information copied from such Reports and Sta<br>for commercial purposes, other than using the n | tements may    | y not be sold or used by any persodress of any political committee to         | on for the purpose of soliciting contributions solicit contributions from such committee.    |  |  |  |  |  |  |  |  |  |
| $\rangle$ | NAME OF COMMITTEE (In Full) American Dietetic Association Political                                | Action Con     | nmittee   |  |  |  |  |  |  |  |  |  |  |
|           | Full Name (Last, First, Middle Initial)  Martin M Yadrick  Mailing Address 3284 Hillock Dr  City   | State          | Zip Code  | Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y                     |  |  |  |  |  |  |  |  |  |
|           | Los Angeles  FEC ID number of contributing federal political committee.  Name of Employer          | CA C Occupatio | 90068-1428<br>n   | Amount of Each Receipt this Period  1000.00  Receipt   |  |  |  |  |  |  |  |  |  |
|           | Computrition  Receipt For: Primary General Other (specify)   | <del>'</del>   | count Specialist  Year-to-Date ▼  1000.00                                     |  |  |  |  |  |  |  |  |  |  |

| SUBTOTAL of Receipts This Page (optional)           | <b>•</b> | 1000.00 |
|---|----------|---------|
| TOTAL This Period (last page this line number only) | <u> </u> | 3750.00 |

| S  | SCHEDULE B (FEC Form 3X)  Use separate schedule(s)                          |                                     |                               | FOR LINE NUMBER: (check only one) |               |          |                  |       |                          | PA             | PAGE 10/12    |      |          |        |
|----|---|-------------------------------------|-------------------------------|-----------------------------------|---------------|----------|------------------|-------|--------------------------|----------------|---------------|------|----------|--------|
| I  | EMIZED DISBURSEMENTS  | for each ca                         | ategory of the<br>ummary Page |                                   | (cn           | 21b      | 22               |       | 23                       |                | 24            |      | 25       | 26     |
|    | ny Information copied from such Reports and Statem                          | lanta may nat                       | bo cold ar ucod               | but                               |               | 27       | 28a              |       | 28b                      | مانه           | 28c           |      | 29       | 30b    |
|    | for commercial purposes, other than using the name                          |                                     |                               |                                   |               |          |                  |       |                          |                |               |      |          | •      |
|    | NAME OF COMMITTEE (In Full)   |                                     |                               |                                   |               |          |                  |       |                          |                |               |      |          |        |
|    | American Dietetic Association Political Act                                 | ion Commi                           | ttee                          |                                   |               |          |                  |       |                          |                |               |      |          |        |
| Α. | Full Name (Last, First, Middle Initial) Membership Marketing Services, Inc. |                                     |                               |                                   |               |          |                  |       | i <b>on ID</b><br>isburs |                | 0117.I<br>ent | E179 | 95       |        |
|    | Mailing Address Attn. Fran Carille<br>1280 Perimeter Parkway                |                                     |                               |                                   |               |          | 0 <sup>M</sup> 1 | М     | / D                      | 3              | / _           | ž    | οŏε      | Y      |
|    |   | State<br>VA                         | Zip Code<br>23454-5689        |                                   |               |          | Amo              | unt c | f Each                   | n Di           | sburse        | men  | t this F | Period |
|    | Purpose of Disbursement ADAPAC fundraising expenses                         |                                     |                               | Г                                 |               |          |                  | _     |                          |                |               | 70   | 053.4    | 1      |
|    | Candidate Name  |                                     |                               |                                   | atego<br>Type |          |                  |       |                          |                |               |      |          |        |
|    | Senate President  | ment For:<br>Primary<br>Other (spec | General                       |                                   | 1 300         | <u> </u> | ADAI<br>ES       | PAC   | FUN                      | IDF            | RAISI         | NG E | EXPE     | NS-    |
| _  | State: District:  |                                     |                               |                                   |               |          |                  |       |                          |                |               |      |          |        |
| В. | Full Name (Last, First, Middle Initial) Ronald Smith                        |                                     |                               |                                   |               |          | Date             | of D  | isburs                   | em             |               |      |          |        |
|    | Mailing Address 1120 Connecticut Ave NV #480                                | N                                   |                               |                                   |               |          | 0 <sup>M</sup> 1 | М     | / D                      | ) <sup>D</sup> | / _ `         | ž    | οŏε      | Y      |
|    | City<br>Washington  | State<br>DC                         | Zip Code<br>20036-3902        |                                   |               |          | Amo              | unt c | f Each                   | n Di           | sburse        | men  | t this F | Period |
|    | Purpose of Disbursement<br>Reimbursement for PAC cards                      |                                     |                               |                                   |               |          | L.               |       | _                        |                |               |      | 790.8    | 6      |
|    | Candidate Name  |                                     |                               |                                   | atego<br>Type |          |                  |       |                          |                |               |      |          |        |
|    | Office Sought: House Senate President State: District:                      | ment For:<br>Primary<br>Other (spec | General ify) ▼                |                                   |               |          | REIM<br>DS       | 1BU   | RSEN                     | ΜE             | NT FC         | OR F | PAC (    | CAR-   |
| С. | Full Name (Last, First, Middle Initial) Ronald Smith                        |                                     |                               |                                   |               |          |                  |       | i <b>on ID</b><br>isburs |                | 0117.I<br>ent | E179 | 97       |        |
|    | Mailing Address 1120 Connecticut Ave NV #480                                | N                                   |                               |                                   |               |          | 0 <sup>M</sup> 1 | М     | / D                      | ) <sup>D</sup> | / \           | Ž    | οŏε      | Y      |
|    |   | State<br>DC                         | Zip Code<br>20036-3902        |                                   |               |          | Amo              | unt c | f Each                   | n Di           | sburse        | men  | t this F | Period |
|    | Purpose of Disbursement<br>Reimbursement for travel                         |                                     |                               |                                   |               |          | L.               |       |                          |                |               |      | 462.5    | 8      |
|    | Candidate Name  |                                     |                               |                                   | atego<br>Type |          |                  |       |                          |                |               |      |          |        |
|    | Senate President  | ment For:<br>Primary<br>Other (spec | General <b>▼</b>              |                                   |               |          | REIM             | 1BU   | RSEM                     | ΜE             | NT FO         | OR T | TRAV     | EL     |
| Г  | State: District:  |                                     |                               |                                   |               |          |                  |       |                          |                |               |      |          |        |
| ٤  | SUBTOTAL of Disbursements This Page (optional)                              |                                     |                               |                                   |               |          |                  |       |                          |                |               | 83   | 8.60     | 5      |
| -  | <b>FOTAL</b> This Period (last page this line number only)                  |                                     |                               |                                   |               | •        |                  |       |                          |                |               |      |          |        |

В.

C.

| SCHEDULE B (FEC Form 3X)   | arate schedule(s)                  |                        |    | OR LIN |               |           | R:               |           |        | PA        | GE     | 11 /     | 12          |           |   |
|--|------------------------------------|------------------------|----|--------|---------------|-----------|------------------|-----------|--------|-----------|--------|----------|-------------|-----------|---|
| FOR EACH CALLEGORY OF THE Detailed Summary Page for each category of the Detailed Summary Page   |                                    |                        |    | _      | П             | 22<br>28a |                  | 23<br>28b |        | 24<br>28c |        | 25<br>29 | П           | 26<br>30b |   |
| Any Information copied from such Reports and Statements may not be sold or used by any person or for commercial purposes, other than using the name and address of any political committee to so |                                    |                        |    |        |               |           |                  |           |        |           |        |          |             | 3         |   |
| NAME OF COMMITTEE (In Full) American Dietetic Association Political Acti   | on Comm                            | nittee                 |    |        |               |           |                  |           |        |           |        |          |             |           |   |
| Full Name (Last, First, Middle Initial) Ronald Smith   |                                    |                        |    |        |               |           |                  |           | sburse |           |        |          | 06<br>0 0 8 | Y         |   |
| Mailing Address 1120 Connecticut Ave NV<br>#480  |                                    |                        |    |        |               |           | 0 1              | _         |        |           |        |          |             |           |   |
| •  | State<br>DC                        | Zip Code<br>20036-3902 |    |        |               |           | Amou             | nt o      | f Each | Dis       | sburse | -        |             | -         | d |
| Purpose of Disbursement Reimbursement for staff travel Candidate Name  |                                    |                        | Ca | otc    | egory/        |           |                  | •         |        |           |        |          | 110.0       | 5         |   |
|  |                                    |                        |    |        | pe            |           |                  |           |        |           |        |          |             |           |   |
| Office Sought: House Disburse Senate President State: District:  | ment For:<br>Primary<br>Other (spe | General <b>▼</b>       |    |        |               |           | REIMI<br>TRAV    |           | RSEM   | ΛEΓ       | NT FC  | OR S     | STAF        | F         |   |
| Full Name (Last, First, Middle Initial) Jennifer Teters  |                                    |                        |    |        |               |           | Trans<br>Date o  | of D      | sburse | eme       |        |          |             | V         |   |
| Mailing Address 1120 Connecticut Ave NV  | V                                  |                        |    |        |               |           | 0 <sup>M</sup> 1 | М         | 1      | 0         | ]      | ž        | 0 0 8       | 3         |   |
| •  | State<br>DC                        | Zip Code<br>20036-3905 |    |        |               |           | Amou             | nt o      | f Each | Dis       | sburse | men      | t this f    | Perio     | d |
| Purpose of Disbursement Reimbursement for PPW shirts   |                                    |                        |    |        |               |           |                  |           |        |           |        |          | 415.5       | 0         |   |
| Candidate Name   |                                    |                        |    |        | egory/<br>vpe |           |                  |           |        |           |        |          |             |           |   |
| Office Sought: House Disburse Senate President State: District:  | ment For:<br>Primary<br>Other (spe | General ecify) ▼       |    |        |               |           | REIMI<br>RTS     | BUI       | RSEM   | ΛEΙ       | NT FC  | )R F     | PPW         | SHI-      | - |
| Full Name (Last, First, Middle Initial)  |                                    |                        |    |        |               |           | Trans            | acti      | on ID: | : 80      | )117.E | <u> </u> | 01          |           |   |
| Jennifer Teters  Mailing Address 1120 Connecticut Ave NV   | V                                  |                        |    |        |               |           | Date of          | of Di     |        | eme<br>0  |        | ž        | 0 ŏ 8       | 3 Y       |   |
|  | State                              | Zip Code               |    |        |               |           | Amou             | nt o      | f Each | Dis       | sburse | men      | t this f    | Period    |   |
|  | DC                                 | 20036-3905             |    |        |               |           |                  |           |        |           |        | -        | 995.0       | -         |   |
| staff reimbursement-PAC conference   |                                    |                        |    |        |               |           |                  | 0         | -      | -         |        |          |             |           |   |
| Candidate Name   |                                    |                        |    |        | egory/<br>vpe |           |                  |           |        |           |        |          |             |           |   |
| Office Sought: House Disburse Senate President   | ment For:<br>Primary<br>Other (spe | General ecify) ▼       |    |        |               |           | STAF<br>CONF     | F R       | EIME   | BUF<br>E  | RSEM   | EN       | T-PA        | 3         |   |
| State: District:   | (-1                                | · · ·                  |    |        |               |           |                  |           |        |           |        |          |             |           |   |
| SUBTOTAL of Disbursements This Page (optional) .   |                                    |                        |    |        | <u> </u>      |           |                  |           |        |           |        | 15       | 20.5        | 5         |   |

TOTAL This Period (last page this line number only) .....

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A.

В.

District: 20

| ago# 2000 1001 10   |   |                    |   |
|---|---|--------------------|---|
| SCHEDULE B (FEC Form 3X)  | Use separate schedule(s)                          | FOR LINE           |   |
| ITEMIZED DISBURSEMENTS  | for each category of the<br>Detailed Summary Page | (check only 21b 27 | one) 22 X 23 24 25 26 28a 28b 28c 29 30b  |
| Any Information copied from such Reports and Stater or for commercial purposes, other than using the name |   |                    |   |
| NAME OF COMMITTEE (In Full) American Dietetic Association Political Ac                                    | tion Committee                                    |                    |   |
| Full Name (Last, First, Middle Initial) Rep. Darlene Hooley  Mailing Address P.O. Box 2050                |   |                    | Transaction ID: 80117.E1805 Date of Disbursement    M   |
| City<br>Salem   | State Zip Code OR 97308-                          |                    | Amount of Each Disbursement this Period   |
| Purpose of Disbursement<br>REP. DARLENE HOOLEY (D-OR)   |   |                    | 2000.00   |
| Candidate Name DARLENE HOOLEY   | C   | ategory/<br>Type   |   |
| Senate President  | ement For: 2008 Primary X General Other (specify) |                    | REP. DARLENE HOOLEY (D-OR)  |
| State: OR District: 05  Full Name (Last, First, Middle Initial)   |   |                    |   |
| Debbie Wasserman Schultz  |   |                    | Transaction ID: 80117.E1800 Date of Disbursement  |
| Mailing Address PO Box 71147<br>P.O. Box 71147  |   |                    | $\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 1 \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} D & D \\ O & I \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ Z & O & O & S \end{smallmatrix} \end{bmatrix} $ |
| City<br>Washington  | State Zip Code<br>DC 20024-1147                   |                    | Amount of Each Disbursement this Period   |
| Purpose of Disbursement<br>SUPPORT FOR REP. WASSERMAN SCHULTZ   | Z   |                    | 5000.00   |
| Candidate Name<br>DEBBIE WASSERMAN SCHULTZ  | C   | ategory/<br>Type   |   |
| Office Sought: X House Disburs Senate President   | ement For: 2008 Primary X General Other (specify) |                    | SUPPORT FOR REP. WASSERMAN<br>SCHULTZ   |

| SUBTOTAL of Disbursements This Page (optional)      | •        | 7000.00 |
|---|----------|---------|
| TOTAL This Period (last page this line number only) | <b>•</b> | 7000.00 |

State: FL